

## **REFERRAL FORM**

STUDENT:  
AGE/DOB:  
ADDRESS:  
PHONE:

PARENT/GUARDIAN:  
DATE:  
SCHOOL:  
TEAM/DISTRICT:

Referral Source/Contact Person:  
School Address:  
School Phone:  
Diagnosis:  
Approximate Cognitive Functioning Level:  
Program Placement:  
Reason for Referral:

What do you hope to gain from this referral/assessment?

### **HEALTH CONCERNS**

Hearing status:  
Visual functioning:  
Seizures (frequency, duration, etc.):  
Medications:  
Overall health status:

### **COMMUNICATION CONCERNS**

1. List student's current means of communication and/or attempts to communicate and/or make needs known (i.e. signs, gestures, communication aide, symbol systems, vocalizations).
2. How successful are communicative attempts? Do you believe the student gets frustrated? Are there persons within this environment with whom the child may communicate effectively? Please describe.
3. Does the student indicate "yes" and "no"? If so, please describe.

4. Do you believe the student understands more than he/she is able to express? Why?
5. Are there activities in your class which you feel the student cannot participate in or participate equally in due to speech involvement? Please describe.
6. What would you consider the greatest obstacle for the student in terms of academic achievement? Please describe.
7. Can the student match: (circle those that apply)  
A. Object to object?  
B. Object to: Photo? Picture? Drawing?  
C. Picture Photo Drawing: to object?
8. Circle items below which student can identify (by pointing or looking) when named:  
Object      Photos      Pictures      Written Words      Other (specify)

#### Written Communications

1. List the student's current means of written communication.
2. How successful are written communicative attempts? Do you believe the student gets frustrated? Are some methods of writing more effective than others? Please describe.
3. Does the student have a way of completing assignments with little or no writing required? Please describe.
4. Are there activities in your class which you feel the student cannot participate in or participate equally in due to writing difficulties? Please describe.

#### MOTOR CONCERNS

1. How is the student positioned throughout the day?
2. If the student is in a wheelchair, what type and with what adaptations?
3. Briefly describe gross motor functioning abilities (i.e. head and trunk control, mobility skills [independent, some support, total support]).
4. Circle items below that student can perform from his/her most optimal

position:

Accurate reach

Accurate point

Isolated finger movements

Cross midline with gaze

Cross midline with hand

5. Which is the student's preferred hand: R L
6. Does the student maintain a steady gaze for 7 seconds?

#### OTHER IMPORTANT INFORMATION

1. What are the interests of the student?
2. What types of toys/hobbies does this student enjoy?
3. What motivates this student?
4. Other concerns and information can you share?